

# Foster Family Home - Deficiency Report

Provider ID: 1-220081

Home Name: Neva Jane Carlos, CNA

Review ID: 1-220081-7

94-462 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date:

8/11/2025

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

CCFFH met all requirements at the time of inspection.

Maribel Nakamine, RN 8/11/25  
Compliance Manager Date  
8/11/25  
Primary Care Giver Date